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21890 7590 06/15/2005

PROSKAUER ROSE LLP
 PATENT DEPARTMENT
 1585 BROADWAY
 NEW YORK, NY 10036-8299

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Juan C. Arias	(Depositor's name)
<i>Juan C. Arias</i>	(Signature)
<i>August 8, 2005</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/894,236	06/27/2001	Jeffrey H. Burbank	265/022	5534

TITLE OF INVENTION: HEMOFILTRATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/15/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
BIANCO, PATRICIA	3762	604-005010			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. Proskauer Rose LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NxStage Medical, Inc.

Lawrence, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date August 8, 2005Authorized Signature Mark A. CatanRegistration No. 38,720

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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

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 P.01 G.F. 01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 30.00 DA
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 02 FC:1504
 03 FC:8001